

Vocabulary & Listening

<p>1) gag</p>	<ul style="list-style-type: none"> - reflex – back of the throat when you don't want to swallow / when you feel sick <p>a gag – something you put in someone's mouth so they can't make a noise</p>
<p>2) bear in mind</p>	<p>-consider / be aware of / don't forget</p>
<p>3) faulty</p>	<ul style="list-style-type: none"> - defective – not working properly
<p>4) evident</p>	<p>Judging by the symptoms, the disease is evident.</p> <ul style="list-style-type: none"> - obvious / easy to detect / noticeable
<p>5) time is of the essence</p>	<ul style="list-style-type: none"> - it's vital to act quickly <p>Mr Smith has had a stroke and we need to get him to hospital. Time is of the essence.</p>
<p>6) urge</p>	<p>urge someone to do something</p> <ul style="list-style-type: none"> - verb: strongly encourage <p>I feel an urge to eat chocolate. – noun: strong desire</p>



Technique – Part B – Two Approaches

1) Close your eyes and hope

- Read the question
- Close your eyes
- Open your eyes when finished
- Review the options
- Choose

Advantage: You can relax while listening and take the full meaning/content in without distraction

Drawback: I don't feel in control / elimination is more difficult / panic – only have a short time before the next audio starts

2) Prepare and monitor

- Read the context.
- Read the question
- Review and differentiate the options according to 'key word for hearing'

Advantage: You stay in control and are aware when each option is mentioned. Thus you can eliminate and/or choose options with more confidence. Plus, it's a useful skill for Part C.

Drawback: I am distracted while listening / I can't read and listen at same time / I miss information

25. You hear a GP talking to a patient about a gastroscopy.

What is the patient concerned about?

- (A) the pain he'll experience during the procedure
- (B) any potential after-effects of the procedure
- (C) whether the procedure is really necessary

F: Do you have any questions about the gastroscopy?

M: Well, I know they're not very pleasant, to say the least. This guy I know had one a while ago and he said it was the worst thing he's ever had to go through – he was basically gagging the whole time it was going on. I'm thinking, well it's alright to have discomfort for just the ten minutes or however long they're doing it for, but what about whether they're damaging something down there and you get other issues as a result? Anyway, this guy said he'd have felt better if he'd been given a general anaesthetic instead of a local, but I know it's best to avoid a general if you can. At the end of the day, the main thing is to find what's wrong with you and get the problem sorted.

26. You hear an emergency doctor talking to his team about patients who present with abdominal pain.

What problem is he highlighting?

- (A) the dangers of delaying a diagnosis
- (B) the difficulty of accessing existing medical records
- (C) the unreliability of some information gleaned from patients

One of our biggest challenges is when patients come into the emergency department with abdominal pain. This is partly because a wide range of conditions could explain it. But do bear in mind that some patients have faulty memories when it comes to procedures they've had in the past. Like, you might ask them if they've ever had any surgeries on their abdomen and they say 'no' - then you look at the abdomen, and there are evident scars there. So it's crucial to get as full a picture as possible – even though, obviously, time is of the essence with a lot of these conditions. You also need to be aware that surgical scars are getting trickier to discern with the increasing use of laparoscopic surgery – although, as you know, one classic location is just around the umbilicus.



27. You hear a nurse briefing a colleague about a patient.

What does his colleague need to talk to the patient about?

- (A) the removal of her catheter
- (B) the management of her pain
- (C) the monitoring of her breathing

M: Mrs Rowan in Bed Five's had a total knee arthroplasty, with spinal anesthesia and sedation and a left femoral nerve block. She's doing very well - she's having about two out of ten pain.

F: Right.

M: She has a history of some COPD - we've been getting her to cough and to use her incentive spirometer - she hasn't used one until now, so we need to urge her to keep on with that so that she doesn't develop pneumonia. She has a Foley catheter with clear urine and we've had a hundred-and-thirty millilitres out of that. She's asked about going to the bathroom and when her catheter will come out. We've explained that it usually comes out the first morning after surgery but that it depends on when the spinal block is discontinued. She was OK with that.

F: OK.